



Harvard Medical Alumni Bulletin

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THIS BULLETIN MAY BE MAILED FIRST CLASS FOR FORTY CENTS TO
MEMBERS WHO ARE IN MILITARY SERVICE OUTSIDE THE COUNTRY



"...if the individual is depressed..."

"... if the individual is depressed or anhedonic . . . you can change his attitude . . . by physical means just as surely as you can change his digestion by distressing thought . . . *In other words, drugs and physical therapeutics are just as much psychic agents as good advice and analysis* and must be used together with these latter agents of cure."

Myerson, A.—*Anhedonia*—
Am. J. Psychiat., July, 1922.

When this was written—in 1922—the only stimulant drugs employed in the treatment of simple depression were of limited effectiveness.

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Rachitic changes were present as late as the fourteenth year, and the incidence was higher among children dying from acute disease than in those dying of chronic disease.

The authors conclude, "We doubt if slight degrees of rickets, such as we found in many of our children, interfere with health and development, but our studies as a whole afford reason to prolong administration of vitamin D to the age limit of our study, the fourteenth year, and especially indicate the necessity to suspect and to take the necessary measures to guard against rickets in sick children."

*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, *Am. J. Dis. Child.* 66:1-11, July 1943.

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Medical School Notes



Our contribution to the war effort has been discussed in these columns on many occasions before. Up to the beginning of 1945 a total of 297 individuals have left the Harvard Medical School Faculty for service with the Armed Forces. This number, plus the many graduates of the school who were not members of the faculty, brings to an imposing total the number who have abandoned civilian life for national service in uniform.

To date, a total of 20 graduates of the Harvard Medical School have lost their lives in service. They are as follows:

WALLACE R. BRIGGS, '19
PHILIP W. CAREY, '43 (Mar.)
HERBERT W. COONE, '38
ROGER S. DOWNS, '36
JAMES C. FISHER, '39
SIDNEY C. GRAVES, '29
CHARLES D. HORN, '41
JOHN D. HOUCK, '41
JOHN R. MARSHALL, '18
WILLIAM H. MATHEWS, '36
WOODMAN B. POMEROY, '41
THEODORE P. ROBIE, '42
ROBERT SANDERSON, '32
FREDERICK J. C. SMITH, '32
WARD R. VINCENT, '39
CHARLES E. WALKER, '32
ARTHUR W. WILKINSON, '38
LUCIUS T. WING, '39
CARL H. WITHERELL, '06
EDWARD L. YOUNG, III, '41

AS OTHERS SEE US

Opening the London Hospital Gazette for November, 1944, (if one happens to pick up the London Hospital Gazette from time to time), it will be noted that although the cover and the first four pages follow the usual editorial policy of that publication, the frontispiece constitutes a large photograph of an institution far across the water, known as The Harvard Medical School.

The reason for this departure from precedent is to be found on page 200 where we see "Impressions of American Medical Education" by Dr. J. P. Shillingford.

Dr. Shillingford was with us at Harvard as a student from September, 1941, to December, 1943. His article discusses American medical education as seen through the eyes of an Englishman who really knows what he is talking about and is not writing as a result of a six weeks' visit.

In his article, Dr. Shillingford discusses the America which he came to know and says "the European visitor on his first visit to America is often confused, annoyed, and perhaps somewhat shocked by the seeming liberties taken in matters of tradition that he holds dear to him." He discusses some of the historical factors which have gone to make for this American way of doing things, but finally concludes that "this, combined with the interbreeding of the various nationalities of the world, has produced the American of today—virile, frank, kind, generous, clear thinking, mechanically and scientifically minded and untrammelled by the traditions that have developed throughout the ages in Europe. It is, perhaps, on the last point that most of the misunderstanding between the two nations arises. To an Englishman, who by

custom loves understatement, the American appears to be boastful even when stating fact." He is impressed with the cosmopolitan make-up of the undergraduate body at Harvard as well as by the interest which the average American apparently displays in how things are done in Britain.

The arrangements which provide for scholarships, part-time work, and compulsory health insurance impress him as being worthy elements in the administration of the student's financial problems. His discussion of the curriculum would indicate that we put less emphasis on anatomy than English medical schools. Likewise, the gradual transition at the end of the second year from preclinical to clinical work marks a contrast with the British system, which often involves an abrupt change from the second to the third years.

He points out that the Clinical Pathological Conference as we know it and our formal Grand Rounds in the various clinical departments are peculiarly American institutions, and it is necessary for him to describe them in detail so that his English readers may know what he is discussing.

Taken as a whole, Dr. Shillingford's discussion is refreshing and objective. It indicates a real understanding of the Harvard Medical community towards which he appears to have strong feelings of gratitude and respect.

BIOCHEMISTRY

Since the fall of 1941 in pre-Pearl Harbor days, Professor A. Baird Hastings, Hamilton Kuhn Professor of Biological Chemistry, has averaged three days a week in Washington as one of the four civilian members of the Committee on Medical Research appointed by the President to direct and co-ordinate medical research of military importance during the war. As a result of this enforced absence, Professor Hastings has handed the *pro tem* administration of his department over to Dr. Eric G. Ball who has carried on the work and worries of the department through these four difficult years.

However, the standards of instruction have been maintained through efficient organization of the teaching, and by placing greater emphasis on the chemical information which finds direct application to physiological and medical problems.

The department has encouraged younger men who wish to do extra work and has fostered their activities, feeling that this constitutes a good investment in future instructors. The teaching routine has been clarified by the publication of a laboratory manual for the course, which is now going into its third edition. This laboratory manual replaces the familiar Folin manual. It outlines the laboratory course in Biochemistry as it is given; the book changes as the course changes and grows with changing emphasis in the field.

During the early part of the course, the student is given a thorough basic knowledge of the meaning of hydrogen ion concentration, the determination of pH, and the fundamentals of acid-base balance. Later on, the course emphasizes enzymes, proteins and the protein fractions, and the biochemistry of the phospholipids. In these last three fields, the Harvard course lays more emphasis than many other biochemistry courses in the country today.

Just as the Department of Anatomy is thinking in terms of the histo-chemical dissection of cells, so the Department of Biochemistry is arriving at the same objective but by a different route. This line of thought finds expression both in research and in the mode of teaching the course. For instance, instead of performing analyses on materials totally removed from their natural environment, each pair of students is given one laboratory animal upon which over a course of time, they carry out a chemical dissection. Tissue enzymes and phospholipids are studied in the animal as a whole. The animal's hemoglobin is studied from the point of view of protein chemistry, obtaining the protein in crystalline form and studying its physico-chemical properties. The stomach and upper gastrointestinal tract yield pep-

sin and trypsin which can be studied as enzymes significant in intestinal digestion. Arginase from the liver and phosphatase from the kidney are subjected to laboratory examination. The heart muscle yields enzymes of significance in the oxidation-reduction mechanism, succinic dehydrogenase and the cytochromes, and by these means the students learn the fundamentals which will permit them, later in their career, either to understand the meaning of enzymic research or give them the fundamental knowledge necessary if they themselves wish to tackle such a problem. Emphasis is also placed upon those blood and urine determinations which are of clinical importance.

In past years the laboratory facilities have often been crowded by virtue of the fact that the entire class goes through the laboratory sequence together. In the 1944 course and again in the forthcoming year, the class has been divided into four groups so that they may rotate through the laboratory aspects of the course in different order and not put too great a load on any one set of equipment.

The department sets as its goal the teaching of those aspects of chemistry which will find application by the student in the study of normal physiological processes and in disease. To lay the groundwork for understanding the many ways in which chemical knowledge enters into the diagnosis and treatment of disease is its objective.

One specific way in which this is approached is through a series of experiments occupying a two-week period, under the supervision of Dr. Hastings with the assistance of members of the Departments of Physiology and Biochemistry. A quarter of the class at a time successively takes this "course within a course." The objective of this work is to familiarize the students with the chemical and physiological aspects of respiration, transport of oxygen and carbon dioxide and pathological variations in the acid-base balance.

The lectures are given by Professor

Hastings, Dr. Ball, Dr. H. C. Trimble, Dr. W. W. Westerfeld, Dr. C. B. Anfinsen; and lectures on nutritional aspects of biochemistry are given by Drs. Stare, Hegsted, and McKibbin. Dr. Klemperer, of the Massachusetts General Hospital lectures on purine metabolism, a subject which he has taken to the clinic after several years spent as a member of the staff of the Biochemistry Department.

NUTRITION

Part of the first floor of the Biochemistry Department is occupied by the Nutrition Division of the Department, set up jointly by the Harvard School of Public Health and the Department of Biochemistry at the Medical School. This group is responsible for the lectures on subjects bearing on nutrition and carries on an active research program. In conjunction with their work, the students perform animal experiments demonstrating the development of vitamin deficiencies, the chemical changes associated with vitamin deficiency and the restoration to normal by the administration of specific vitamins. At the end of the year, a two or three hour session is set aside in which the students can present the results of these experiments. The students often exhibit considerable ingenuity and originality in pursuing these researches as was evidenced by a recent first-year man who took his thiamin deficient rat to the physiological laboratory and demonstrated electrocardiographically the changes in the heart.

RESEARCH

Professor Hastings has expressed the opinion that advances in biochemistry which are apt to lead to important developments in medicine in the immediate future will stem from organic chemistry, enzyme chemistry, chemical aspects of nutrition, and quantitative histochemistry. All four of these fields of biochemistry are represented in the personnel and research activities of the department.

Since the fall of 1941, the Department of Biochemistry has been largely engaged in government research which has not been released for publication and cannot be discussed in these columns. However, a continuing current of research in fundamental biochemical problems is kept moving. Professor Hastings and his associates have carried out histochemical studies of the extracellular and intracellular fluids of tissues in edema and dehydration, in anoxia, in ageing. They are now working on how intracellular salts affect glycogen formation. Dr. Westerfeld is engaged in a problem concerning the intermediary metabolism of carbohydrates. Robert Wolf carries on a research dealing with the description of those intracellular cations which are bound to protein and nondiffusible in a fashion analogous to calcium. Your correspondent was favored by a visit to Mr. Wolf's laboratory and an examination of his apparatus, which can be described only by the phrase, intricate, complicated, cryptic, but apparently effective. Its ultimate purpose is to determine how much potassium is present as potassium ions inside cells.

Since writing the above notes on the Biochemistry Department, several other items of interest have come to hand.

Dr. Eric Ball, whose role in the Department of Biochemistry has been described, is about to depart for southern climes as visiting professor at the Laboratorio de Biofisica, 458 Avenida Pasteur, Rio de Janeiro, Brazil, where Dr. Carlos Chagas is in charge. While there he will give a series of lectures on Biological Oxidations and some recent work on the biochemistry and *in vitro* growth of malaria parasites which has been carried out jointly by the members of the Department of Biological Chemistry and the Department of Comparative Pathology and Tropical Medicine under a Government contract. This trip is under the auspices of our State Department. He expects to return about June 1st.

We wonder if he will find a Halla del

Vanderbilto on this other Avenida Pasteur.

As if inspired by the interest of the BULLETIN in the Biochemistry Department, the Visiting Committee of the Harvard Overseers has the same idea and has singled out Professor Hastings' department as one which will give them a bird's eye view of the activities of the preclinical years at Medical School. This Committee of the Overseers is one of several such committees set up to visit the various departments of the University. Their function is to maintain a contact with what is going on in each department from an objective point of view, looking at the problems of the Medical School with a fresh approach and with a non-technical background.

Dr. David Cheever is chairman of this committee, and from his long association as teacher and surgeon at the Medical School, he is certainly qualified to answer the questions of his lay colleagues.

THE FOUNDATIONS

The role played by the various Foundations in the life of our medical community is an interesting and varied one. In looking over the list of current appointments to the Faculty, seeing the name of Nicolau Moraes Barros of Sao Paulo, Brazil, as a Rockefeller Fellow in the Department of Surgery at the Massachusetts General Hospital, brings to mind this phase of Medical School activities.

In 1941 and 1942 there were 14 men working on the Faculty under many different foundations and grants: The National Research Council, The Commonwealth Fund, The Rockefeller Foundation, the Pan American Union, The Bryn Mawr Fellowship, The Guggenheim Fellowships, The Belgian-American Foundation, and many others. These men usually come to the Medical School from other places, and many from other countries. A small proportion of them were Harvard Medical School graduates, doing further investigative work. Most of the appointees were wholly engaged in investigation,

though some of them held hospital positions which entailed some clinical responsibility. They were usually with us a year or two and then returned to their own communities, taking with them what ideas or stimulation they received at Harvard. Some of them, of course, came here to stay as members of the Faculty.

The number of men working in the Medical School at the present time under such Foundations has dwindled because of the war. Travel from foreign countries except from Central and South America is fraught with many difficulties. The men who occupy these positions are usually in the age group which is most affected by war service. For instance, in 1939 there were 28 such men working in the Medical School and this year there are scarcely half a dozen such men holding Foundation appointments.

Another feature of the work of the Foundations consists of the "Rockefeller Postwar Assistantship" which has been set up as a means of giving training to the men returning from the Armed Forces who wish appointments in investigative work under qualified men in the leading departments of the country.

Under this scheme, a sum of \$8000 is given to each of several departments, which is to be spent in a period of four years. The number of men and the choice of men on whom it is to be spent will be left to the discretion of the individual in the department who is responsible for the training of the man appointed.

Thus far, these postwar assistantships have been granted to the Boston Lying-In Hospital, under Dr. Frederick C. Irving; to the Department of Surgery at the Massachusetts General Hospital under Dr. Edward D. Churchill; to the Department of Pediatrics under Dr. James L. Gamble; to the Department of Neurology under Dr. Derek Denny-Brown; and to the Department of Pharmacology under Dr. Otto Krayser.

The money is to be spent as stipends to the men selected and it is hoped that it

will be adequate to permit them to devote their full attention to the work at hand.

It is the intention of the Rockefeller Foundation to maintain the morale of such men as are at present working overseas by granting the appointments as soon as possible so that they may look with assurance and security towards their future after discharge from the Armed Forces. The granting of these appointments is underway at the present time.

The Medical School could use 30 more such fellowships as those provided by the Rockefeller Foundation. In the past, such money has come mostly from individual bequests and some from the various Foundations. It is the hope of Dean Burwell that during the course of the next year these amounts may be further supplemented to provide adequate training for the many competent young men who will soon, we hope, be leaving the Armed Services.

The "G. I. Bill of Rights" provides a financial background which will probably be adequate for most of the men who, on returning from Armed Services, either go into the hospitals on the Resident Staffs or take any one of the Postgraduate Courses to be offered by the Medical School. It stipulates, of course, that the money will be spent for further education. The basic financial stipulation includes \$50.00 base pay a month to which is added \$25.00 for each dependent.

The American College of Surgeons and doubtless other national Foundations and Boards are planning the accumulation of funds to help tide over the young members of the medical profession in the difficult postwar years. To these are now added the Rockefeller Assistantships, the accumulated Medical School Fellowships, and the "G. I. Bill of Rights." From these many sources, it is hoped that enough money will accrue so that no talent in teaching or research will go unrecognized, or untrained, and no ambitious young practitioner will suffer from lack of adequate clinical training.

A History of the Activities of the Harvard Cancer Commission

JOSEPH C. AUB, '16

In 1899 Caroline Brewer Croft gave to Harvard University a bequest of one hundred thousand dollars for the study of the cause and treatment of cancer. Subsequently, the Cancer Commission of Harvard University was appointed and the early research work done under this commission was carried out in the laboratories of the Harvard Medical School.

During this early period the primary interest involved the search for a possible parasitic cause of cancer, a search which proved discouraging. Therefore, Professor E. E. Tyzzer turned to the then new approach of inoculating tumors into mice and rats. He also inbred animal strains with high and low tumor incidence and in 1907 published in the *Journal of Medical Research* the first significant study of the heredity of mouse cancer. This pioneering work stimulated the vast number of genetic studies which have elucidated the inheritable influences in cancer of the breast, and which have resulted in the development of pure strains of mice with predictable tumor incidences.

Following this series of developments in the field came the desire to study cancer in humans by the laboratory methods which were being used in the study of animals. A campaign for funds for a small hospital was successful and over two hundred and ninety-two thousand dollars were collected, mainly through the efforts of Dr. John Collins Warren. The hospital was called the Collis P. Huntington Memorial Hospital in recognition of a generous gift from Mrs. Huntington; the hospital was opened in March, 1912, and was designed primarily for the study of the cancer problem by the scientific methods then available.

The Huntington was opened with Dr. Tyzzer as director, Dr. Thomas Ordway as physician in charge of the hospital, Dr.

Henry Christian as consulting physician, and Dr. Robert Greenough as consulting surgeon. Miss Anna L. Gibson was assistant matron, later becoming superintendent, and remained at the hospital throughout its existence.

In 1922 the John Collins Warren Laboratory of biophysics was added to the hospital allowing all of the work of the cancer commission to be assembled under one roof "with facilities for the effective treatment of patients with X-ray, radium, or surgery as might be desired, as well as laboratories for the investigation of the various problems in chemistry, pathology, and biophysics which presented themselves as likely to contribute to the solution of the cancer problem."

In 1927 Dr. Warren died. He had been the most ardent supporter of the Cancer Commission and had developed the great financial support which made its conduct possible. Soon thereafter many changes occurred in the hospital: Dr. W. T. Bovie left the biophysical laboratory to go to Northwestern University; Dr. George Minot (who had been chief of the medical service since 1918) assumed his new position as head of the Thorndike Memorial Laboratory at the Boston City Hospital; and Dr. Robert Greenough retired as Director of the Cancer Commission. These had been profitable years. They represented years of experience in the utilization of radium, they included the years of developing the 200 KV X-ray machine largely by Professor Duane, the development of the electro-cautery knife by Dr. Bovie, the discovery of liver therapy for pernicious anemia by Dr. Minot, and a far better understanding of treatment of neoplasms by surgeons through the pathological grading of tumors and through a better understanding of end-results. The Huntington Hospital was also a center for training

younger men in the surgical and radiological treatment of cancer, and many of the men specializing in this field in New England had their early training in this center.

In 1927 two new hospitals, to be devoted exclusively to the treatment of cancer, were opened in Massachusetts; one by the state at Pondville and the other, the Palmer Memorial Hospital, under the auspices of the New England Deaconess Hospital Association in Brookline. In 1926 the plan for cancer control of the state of Massachusetts was instituted by the Commissioner of Public Health, Dr. George Bigelow, and so began the establishment of tumor clinics and the education of the public under the aegis of Dr. Herbert Lombard. By 1930, the spread of cancer specialists from the Huntington Hospital, the presence in many hospitals of 200 KV X-ray machines and radium for therapy, the specialized cancer hospitals of the state, as well as the Palmer Memorial Hospital, and the increasing number of state-aided tumor clinics, all reduced the uniqueness of the Huntington Hospital. Its pioneer clinical contribution in the development of high voltage X-ray was continued by the installation in 1936 of the first successful constant current million volt X-ray machine by Dr. Van de Graaff and Dr. Trump of the Massachusetts Institute of Technology. Its deeply penetrating rays were found to be an improvement in the amelioration of deep seated tumors.

From 1929 until the time the Huntington Hospital was closed there was no director in charge of clinical work, for Dr. Greenough's position was not filled. Each department was really independent. Dr. Joseph B. Howland was administrator of the hospital; Dr. Channing C. Simmons in charge of surgery; Dr. Joseph C. Aub physician-in-chief of the medical laboratories and the medical department; Dr. Shields Warren in charge of pathology; and Dr. Richard Dresser in charge of X-ray therapy after Professor Duane retired. Throughout this time the hospital had an



ONE OF THE SMALL LABORATORIES

annual deficit in running expenses as compared with income, even though its endowment increased. There were repeated suggestions for the urgent need of additional funds and eventually a committee was appointed to study what should be done with the hospital. This committee puzzled over this problem for five years, and an unsuccessful attempt was made to raise an endowment of two million dollars.

Finally, in the same week in December 1941 that war was declared, the Fellows of Harvard University announced that it seemed wiser to combine the cancer clinics of the Huntington Hospital with the cancer clinics at the Massachusetts General Hospital. On January 1, 1942, the Huntington Hospital stopped receiving patients, and the clinic patients were notified that they were being transferred to special Huntington Clinics situated in the Tumor Clinic of the Massachusetts General Hospital where they would be seen on the same afternoons and by the same doc-



THE ANIMAL FARM

tors they had seen at the Huntington Hospital, for most of the clinical staff had belonged to both Hospitals. As the clinics at the Huntington Hospital were not limited to patients who could afford only an out-patient fee, so the Huntington Clinics at the Massachusetts General Hospital are also not so restricted in this regard but admit so-called semi-private patients for diagnosis and opinions by its specialized staff. The Huntington Hospital beds are also maintained at the Massachusetts General Hospital. Fourteen named beds for cancer patients are supported by funds of the Harvard Cancer Commission which had been designated for the clinical care of cancer patients, supplemented by part of the yearly grant from the Greater Boston Community Fund which had formerly been allocated to the Huntington Hospital. Thus, the clinical work of the Huntington Hospital is being continued and has been kept as a distinct unit at the Massachusetts General Hospital.

Plans were also made to move the two laboratory departments from the John Collins Warren laboratories of the Huntington Hospital—the pathological laboratory to the Harvard Medical School, the medical laboratories to the Massachusetts General Hospital. However, it was not until May, 1943, that Dr. Shields Warren's laboratory moved to Building E-2 of the Medical School where he now has a series of laboratories devoted to his pathological work in cancer. Dr. Warren continues to

maintain the State Tumor Diagnosis Service, where opinions are reached in regard to biopsies or specimens in which the question of neoplasm has arisen. This important public health service continues just as it did at the Huntington Hospital, and last year about 4000 specimens were diagnosed. In these laboratories, and also those at the Palmer Memorial and Pondville Hospitals, Dr. Warren continues his important studies. His research activities have followed two trends: one is concerned with the effects of radiation on normal and neoplastic tissues, including the use of radioactive isotopes. The other activity is concerned with studies of the nature and distribution of tumor metastases. This work has been largely discontinued since Dr. Warren entered the Navy, but will be continued after the war. Dr. Warren is now a Commander in the Navy, stationed as a Pathologist at the Chelsea Naval Hospital.

Dr. Charles Lund's studies which were focusing on the relation of vitamins to tumor growth have been discontinued because of pressure of war work, for Dr. Lund has become deeply involved in the problem of the treatment of burns.

The Massachusetts General Hospital offered space for the Medical Laboratories of the Huntington Hospital and they were moved to the Massachusetts General Hospital in May, 1942, now being located on the third floor of the Domestic Building above the large brick corridor. Many will remember that this was formerly the kitchen of the hospital, just above the former house officers' and doctors' dining rooms. This high-ceilinged area, with white tile walls, has been converted into six spacious laboratories with two additional rooms available for future expansion, and the old ice boxes have been converted into an excellent cold room and body temperature room. The floor space is approximately the same as that of the laboratories at the Huntington Hospital, but the arrangement is better so that really more laboratory space is here available.

Much of the equipment of these laboratories came from the Huntington Hospital, so that in spite of the difficulties produced by the early months of the war these laboratories were well equipped. There are two large chemical laboratories, an animal farm for mice and rats, one laboratory in the center of the floor for physiological experiments on larger animals, and three smaller rooms for the study of radioactive isotopes, tissue culture work, and the analogous specialized techniques used in the study of both normal and cancer growth. There are also three small offices for the workers in the laboratories and a library is now being completed where small conferences can be held and where all the recent literature and reprints on cancer can be assembled. The Massachusetts General Hospital has been very generous and these laboratories are attractive, well equipped, efficiently arranged, and satisfactory in every way.

By the time the laboratories moved the United States was deep in war. The urgent medical problems so precipitated were naturally distracting from the work on cancer. There followed a considerable diminution in the number of laboratory workers, and those who remained were anxious to work on war problems. As the war has progressed, the responsibility of each hospital worker has increased and clinical and teaching duties have become considerably heavier. This laboratory has compromised with these diversions, expending most of its energy on contributions to the emergency but, at the same time, trying to keep alive our approaches to the problem of cancer and growth. We have undertaken to study various aspects of traumatic shock through a contract with OSRD and have been analyzing the causes and treatment of this serious complication of war wounds, particularly in relation to toxic causative factors. A toxic factor in shock has been found in the toxins of infections, mostly from the Clostridial group of organisms. This was the only such factor which we could establish.



THE PHYSIOLOGICAL LABORATORY

Subsequent to this observation, the mechanism by which these toxins produce shock and the treatment of these effects have occupied much of our time. Along with this major effort there have been several other research war projects in which our personnel are also involved, the major one being a co-operative research with Dr. John Gibson and Professor Robley Evans of Massachusetts Institute of Technology, which has involved the prolonged preservation of whole blood and of red blood cells.

Along with these war projects, the laboratories have continued to study the cancer problem. Many years ago, the Cancer Commission decided it was wiser to attack the cancer problem from a fundamental point of view concerning the factors involved in normal growth and in the unrestrained growth of neoplastic tissue. They recognized that this approach was difficult, but that results would probably be more fundamental than if a more superficial attack were undertaken. Our ap-



ONE OF THE CHEMICAL LABORATORIES

proach has always been along two lines of endeavor: (1) the factors which influence the rate of normal and abnormal growth, and (2) the intracellular differences between normal and neoplastic cells. In spite of the distractions of the war and the great reduction in our personnel, considerable progress has been made along these lines in the last three years.

Lengthening of life expectancy from the age of forty-seven to sixty-four has been accomplished within the last forty years, largely from successful attacks upon infections and nutritional deficiencies. This lengthening life span is due to the salvaging of large numbers of young lives and virtually not at all to improved treatment of the diseases of advancing years. The expectation of life for the ageing population of over seventy years has not been lengthened; nor has much been accomplished in the retardation of mental or physical deterioration. The study of these

problems has been sadly neglected by scientific investigators, and they remain among the principle problems which face this coming generation. Of all of them, cancer may well prove to be the one which can be most effectively elucidated for it is not universally distributed, as is arteriosclerosis, but is a disease in which abnormal growth either exists or the disease does not occur at all. The stage is set for further important discoveries. The necessary tools are now available: there are pure strains of mice which develop cancers spontaneously and also many techniques for precipitating abnormal growth. While predictions are hazardous, it is safe to say that this field will develop rapidly, and it is hoped that the laboratories and clinics sponsored by the Harvard Cancer Commission will thrive in their new locations.

Although the personnel of the laboratories has been depleted because of the war and most of those who have left are engaged on war projects elsewhere, it is expected that some of them will return here after the emergency is over. Then it is hoped that the laboratories can find enough money for expansion and again devote their entire attention to the fundamental problems to which they are dedicated. We hope that when men return from active duty in the armed services we shall be able to welcome some of the best into these laboratories and clinics in order that they may develop into experts in this problem which is one of the greatest challenges to medicine.

Pulmonary Tuberculosis Among Students at Harvard Medical School

LEWIS W. KANE, '39
Physician to Students

Pulmonary tuberculosis is the most important organic medical problem which confronts the student health office of the medical school. Although for more than a century many publications appeared in European medical literature which indicated that the incidence of tuberculosis among medical students and nurses is higher than in the corresponding general population, this fact seems to have received scant attention in America until fifteen years ago. In 1930 John Steidl wrote a brief note in the *BULLETIN* of the Harvard Medical Alumni Association (1) calling attention to the high incidence of pulmonary tuberculosis among American medical students. An editorial in the same issue of the *BULLETIN* (2) noted that 10% of the class of 1924 developed pulmonary tuberculosis while in school or while taking their hospital work afterward. Within a year after Steidl's communication, Hetherington and his co-workers (3) published a survey of the medical students at the University of Pennsylvania. Their report which showed that over 20% of the senior class had significant adult type of pulmonary tuberculosis caused a great deal of comment and stimulated further surveys at other medical schools. The reports which followed from other schools, although they tended to confirm the higher incidence among medical students, showed that the prevalence of pulmonary tuberculosis at the University of Pennsylvania was not the usual finding. The average incidence in schools in which careful surveys have been done seems to vary between one and two percent. Although it is now generally accepted that the incidence of pulmonary tuberculosis is "high" among medical students, it is very difficult to find

adequate figures on a comparable group of students of the same age subject to the same stress and conditions of living. In recent years the alarming views held by many in regard to the incidence of pulmonary tuberculosis among medical students have been somewhat tempered by more intensive study.

Fifteen years have passed since Steidl's article appeared in this publication. At that time no special effort was made to control tuberculosis among the students at Harvard Medical School. Since then valuable information has accumulated in the files of the Health Office* which had not been systematically analyzed. It seems very fitting therefore that we should report in the same journal as Steidl's article appeared, the progress which has been made and the basis for the evolution of the present tuberculosis control program at Harvard Medical School. In doing so I have drawn freely from the information in the unpublished surveys made in previous years by Seideman (4) and Brean (5). Since this material will be published in detail elsewhere, only a brief review will be given here.

The first attempts to control pulmonary tuberculosis among students at the Harvard Medical School were instituted in 1933 when compulsory chest films and tuberculin tests were performed on the entering and graduating classes. In 1937 a more comprehensive program was instituted in which all negative tuberculin reactors were retested annually. All students, who on their annual retest became

*This information was gathered from the records kept by Drs. Reginald Fitz, Clark Heath, Eugene Eppinger and Lewis Dexter, former Physicians to Students.

positive, were x-rayed every 3 months for the first year. It was urged that all students who were tuberculin positive on entry be x-rayed annually. This program was continued until 1942 when a review of the data accumulated by the Health Office indicated that the interval of one year between tuberculin tests or x-rays was too long. It is this data which will be presented in this review.

According to Brean (5), there were 37 students who developed pulmonary tuberculosis in the classes 1926-42. Only 8 of these cases, representing an incidence of 0.84%, were in the classes 1926-32 which covers the interval before the case finding program was instituted. Following the institution of the tuberculosis control program in 1933, 29 cases corresponding to an incidence of 2.14% were found in the classes 1933-42. This increase of two and a half times is to be expected whenever tuberculosis is sought and, of course, does not represent an actual increase in incidence.

Sufficient information is available on 32 of the above cases so that the academic year in which the disease was first discovered is known. This has been charted in Table 1.

TABLE 1

<i>Time discovered</i>					<i>Number of cases</i>
Entrance film	-	-	-	-	4
1st year -	-	-	-	-	1
2nd year -	-	-	-	-	4
3rd year -	-	-	-	-	12
4th year -	-	-	-	-	11
					—
TOTAL					32

As can be seen there is a five fold increase in the number of cases occurring during the third and fourth years. This is similar to the experience of other schools and has been commonly attributed to greater exposure in the autopsy room and to unsuspected open cases on the ward during the clinical years. If this were so we would expect the annual attack rate, as determined by the number of negative reactors

who became positive, should increase during the second year and even more strikingly during the following clinical years. When this is calculated, however, an unexpected constancy in the attack rate is obtained throughout each of the three periods under observation as noted in Table 2.

TABLE 2

<i>Year</i>	<i>Classes</i>	<i>No. tested</i>	<i>No. positive</i>	<i>Percentage positive</i>
1st - 2nd	'40-'44	311	37	11.3
2nd - 3rd	'40-'43	231	30	12.9
3rd - 4th	'40-'42	134	19	14.2

Since the tuberculin tests used in computing the attack rates were completed by mid-year, the intervals noted in Table 2 do not correspond to one academic year but include part of two successive years. The constancy in attack rate noted in Table 2 is extremely important since it presents evidence that the exposure is no greater during the clinical years than it is during the first two years when it theoretically should be much less. How are we then to explain the marked increase in number of cases of tuberculosis in the upper classes? It may possibly be due to the accumulation of recently infected students whose primary lesions remain quiescent until the clinical years when they become reanimated due to the longer and irregular hours of physical and mental exertion. For the same reason those who enter school with a so-called healed primary complex may develop a new and active lesion during the third and fourth years due to endogenous infection.

On the basis of the attack rates noted above it would appear that in the past, insufficient weight has been given to non-specific factors which are known to depress resistance. It is well known from animal experiments that a previous infection confers a certain degree of resistance toward a subsequent infection. Furthermore, aside from acquired resistance, we should expect fewer cases to appear in a

tuberculin positive group because they have been tested and have weathered the infection, whereas, the negative group has yet to show its inherited resistance. Despite these considerations there is no indication in the group which we have studied that a positive tuberculin reactor is less likely to develop tuberculosis, again indicating that factors are at work which tend to depress acquired as well as natural resistance. Thus, of the 19 cases of pulmonary tuberculosis previously tuberculin tested, 12 were positive on entry and 7 were negative in a group which contained 62% tuberculin positives. There was no apparent difference in the severity of the lesions in both groups indicating that even partial immunity did not appear to exist in the tuberculin positives.

Brean (5) was able to classify the extent and intensity of the active lesion in 19 cases. Of these, 7 were minor and 12 major. In the minor group only one required sanatorium care, whereas 10 of the major group were confined to institutions. Seven of these 10 students spent an average of two years in a sanatorium and three failed to return to school at all.

The method of detection is recorded in 18 of the above 19 cases.

TABLE 3

<i>Method of detection</i>	<i>No. of major cases</i>	<i>No. of minor cases</i>
Routine x-ray	1	7
Symptoms	10	0
TOTALS	11	7

It can be seen from Table 3 that only one of the cases detected by routine chest films fell into the major group, whereas as might be expected, all of the symptom-detected cases were major. Of the 10 students with major lesions detected by the appearance of symptoms, 5 were tuberculin positive

on entry and 4 were negative—one was not tested. By studying the tuberculin negative reactors it was possible to determine that 2 students developed major lesions within one year after being infected by the tubercle bacillus. Accordingly one year is too long an interval between routine x-rays and tuberculin tests if we are to detect cases before they develop major lesions. When it is realized that only one case in the minor lesion group required sanatorium care, whereas 7 of the major group averaged 2 years in an institution and 3 failed to return to school, the importance of the early detection of pulmonary tuberculosis is obvious.

On the basis of the above it has been our practice since 1942 to request semi-annual chest films on all positive tuberculin reactors and to retest all negative reactors semi-annually. Since this new program was instituted there have been 5 additional cases, 4 of which were detected by routine x-rays and one by the occurrence of a hemoptysis. All of these cases had minimal lesions. Had the asymptomatic cases been allowed to continue for another six months before having their routine x-ray, it is not inconceivable that some of them would have developed major lesions.

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- (3) Hetherington, H. W., McPhedran, F. M., Landis, H. R. M., and Opie, E. L., Tuberculosis in Medical and College Students, *Arch. Int. Med.* 48, 734, 1931.
- (4) Seideman, R. M., Tuberculosis Among Students at Harvard Medical School, unpublished.
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Military News



*The following list brings the Harvard Medical School graduates in the service up to 1762. The * denotes names not previously published. Lack of space makes it impossible for us to publish in each issue anything but the new names and the changes in rank or station. The Alumni Office would appreciate additions or corrections.*

1915

Lt. Col. Sydney V. Kibby, Army, Dallas, Tex.
Brig. Gen. Charles B. Spruit, Army, APO 887,
N. Y. C.

1916

Major Andrew Nichols, 3d, Army, APO 4310,
N. Y. C.
Major William A. Perkins, Army, Sta. Hosp.,
Ft. Missoula, Mont.

1918

Major Douglas Donald, Army, APO 366, N.Y.C.
Lt. Col. Henry H. Hun, Army, APO 424,
N. Y. C.
Major Joseph M. Kuder, Army, APO 513, N.Y.C.
Col. Russel H. Patterson, Army, Letterman
Gen. Hosp., San Francisco
Lt. Col. Eric P. Stone, Army, APO 689, N. Y. C.

1919

Lt. Comdr. Lyman G. Richards, Navy, FPO,
San Francisco

1920

Capt. Gilbert E. Gayler, Navy, Naval Training
Center, Great Lakes, Ill.
Comdr. David D. Greene, Navy, Naval Hosp.,
Quantico, Va.

1921

Lt. Col. Herrman L. Blumgart, Army, APO
885, N. Y. C.
Comdr. William N. Hughes, Navy, FPO, San
Francisco
Comdr. Harold R. Merwarth, Navy, USN
Hosp., Oakland, Calif.

1922

Lt. Comdr. Harry I. Bixby, Navy, Naval Hosp.,
Chelsea, Mass.
Comdr. Edwin B. Dunphy, Navy, Naval Hosp.,
Chelsea, Mass.
Lt. Comdr. Herbert W. Salter, Navy, Naval
Ammunition Dept., Hastings, Neb.
Comdr. Edward C. Smith, Navy, 1st Naval
Dist., Boston
Major Benjamin N. Survis, Army Sta. Hosp.,
Marianna, Fla.

1923

Lt. Col. Albert E. Herrmann, Army, APO 228,
N. Y. C.
Major Samuel Mufson, Army, Hammond Gen.
Hosp., Modesto, Calif.
*Lt. Comdr. Edward J. Reynolds, Navy, FPO,
N. Y. C.
Lt. Comdr. Leland H. Taylor, Navy, FPO, San
Francisco

1924

Col. Edwin F. Cave, Army, APO 923, San
Francisco
Capt. James M. Faulkner, Navy, Naval Hosp.,
Newport, R. I.
Major Plimpton Guptill, Army, APO 403,
N. Y. C.
Comdr. Charles T. Hunter, Navy, FPO, San
Francisco
Major William W. Woodruff, Army, APO 246,
San Francisco

1925

Lt. Col. Montgomery Blair, Jr., Army, APO
17604, N. Y. C.
Major Homer W. Humiston, Army, APO 235,
San Francisco
Capt. Robert S. Palmer, Navy, Naval Hosp.,
Brooklyn, N. Y.
Lt. Col. Robert P. Rogers, Army, APO 23,
N. Y. C.

1926

Major Marc Anthony, Army, Cushing Gen.
Hosp., Framingham, Mass.
Capt. Joseph S. Barr, Navy, Naval Hosp.,
Bethesda.
Comdr. Walter S. Burrage, Navy, Naval Hosp.,
Shoemaker, Calif.
Comdr. William J. German, Navy, Naval Hosp.,
Philadelphia
Lt. Col. Donaldson W. Kingsley, Army, AAF,
Dyersburg, Tenn.
Comdr. James S. Rooney, Navy, USNC Hosp.,
Springfield, Mass.
Comdr. Shelton P. Sanford, Navy, Receiving
Sta., Terminal Is., San Pedro, Calif.
Major Clinton A. Wilson, Army, APO 350,
N. Y. C.

1927

Lt. Comdr. Joseph A. Drapiewski, Navy,
USNTAD Centre, Shoemaker, Calif.
Comdr. Abraham Kaplan, Navy, FPO, San
Francisco

Capt. Frederic A. Patterson, Army, APO 349, N. Y. C.

Major Carl L. Ruder, Army, APO 350, N. Y. C.

Lt. Comdr. Maurice M. Tolman, Navy, Naval Hosp., Long Beach, Calif.

Lt. Comdr. John W. Whitsett, Navy, FPO, San Francisco

*Capt. Robert S. Wilkinson, Jr., Army, APO 689, N. Y. C.

1928

Comdr. Gaylord S. Bates, Navy, Naval Hosp., Corona, Calif.

Lt. Col. Wilfred Bloomberg, Army, 1st Serv. Com., Boston

Major Ira M. Dixon, Army, Reg. Hosp., Salina, Kan.

Lt. Col. R. Walter Graham, Jr., Army, APO 689, N. Y. C.

Lt. Comdr. Louis E. Hathaway, Jr., Navy, USNC Hosp., Springfield, Mass.

Comdr. Robert J. Joplin, Navy, FPO, San Francisco

Col. Ernest D. Liston, Army, APO, N. Y. C.

Comdr. Patrick J. Mahoney, Navy, FPO, San Francisco

Lt. Col. Cyrus H. Maxwell, Jr., Army, APO 17604, N. Y. C.

Comdr. William H. Perry, Navy, Naval Hosp., Chelsea, Mass.

Lt. Comdr. Joseph D. Picciotti, Navy, FPO, San Francisco

Lt. Comdr. Leon J. Saul, Navy, Naval Hosp., Swarthmore, Pa.

Lt. Comdr. Israel Steinberg, Navy, Naval Hosp., Seattle, Wash.

Lt. Col. John D. Stewart, Army, AAF RS No. 1, Atlantic City, N. J.

1929

Major William G. Barrett, Army, AAFRS, Santa Monica, Calif.

Major Leslie C. Dodson, Army, APO 887, N. Y. C.

Comdr. Olin C. Hendrix, Navy, FPO, San Francisco

Lt. Comdr. Saul Hertz, Navy, USNC Hosp., Springfield, Mass.

Major Charles W. Ingle, Jr., Army, Battey Gen. Hosp., Rome, Ga.

*Charles E. Kremer, Jr., Army, overseas

Comdr. Eugene P. Owen, Navy, Naval Hosp., Bremerton, Wash.

Major Hildrus A. Poindexter, Army, APO 565, San Francisco

Capt. George W. Rafferty, Army, APO 218, N. Y. C.

Lt. Col. Lendon Snedeker, Army, APO 394, N. Y. C.

Major Radford C. Tanzer, Army, Cushing Gen. Hosp., Framingham, Mass.

Lt. Col. Edward G. Thorp, Army, APO 350, N. Y. C.

Capt. Homer D. Wallace, Jr., Army, APO 468, San Francisco

Lt. Col. Otto C. Yens, Army, APO 758, N. Y. C.

1930

Col. Richard Collins, Jr., Army, APO 757, N. Y. C.

Comdr. Donald H. Daniels, Navy, FPO, San Francisco

Lt. Col. Harold H. Hamilton, Army, APO 349, N. Y. C.

Major Donald E. Higgins, Army, Peterson Field, Colorado Springs, Colo.

Major Albert B. Hodgman, Army, APO 349, N. Y. C.

Lt. Col. Lee G. Kendall, Army, APO 133, N. Y. C.

Major Alfred O. Ludwig, Army, APO 758, N. Y. C.

*Lt. Col. James B. McLester, Army, APO 422, N. Y. C.

Lt. Col. Samuel W. Moore, Army, APO 350, N. Y. C.

Capt. William B. Nevius, Army, APO 513, N. Y. C.

Major Lewis S. Pilcher, 2d, Army, Lovell Gen. Hosp., Ft. Devens, Mass.

*Capt. Elwood R. Rafuse, Army, 12th Dist. Depot, Regina, Sask.

Lt. Comdr. Lionel C. Rubin, Navy, Marine Base Dispensary, San Diego, Calif.

1931

Major Hollis L. Albright, Army, APO 121, N. Y. C.

Lt. Comdr. Henry J. Bakst, Navy, U. S. Naval Hosp., Chelsea, Mass.

Capt. Charles H. Bradford, Army, APO 321, San Francisco

Major John W. Epton, Army, APO 247, San Francisco

Lt. Comdr. Walter E. Garrey, Navy, FPO, San Francisco

*Lt. Comdr. Albert H. Harris, 2d, Navy, FPO, San Francisco

Major Hiram P. Jones, Army, APO 764, N. Y. C.

Lt. Col. Frederick Kellogg, Army, APO 209, N. Y. C.

Lt. Comdr. John R. Parish, Navy, N.S.D., Oakland, Calif.

Lt. Col. John N. Robinson, Army, APO 887, N. Y. C.

Lt. Col. George B. Salter, Army, APO 96, San Francisco

Lt. Comdr. George P. Sturgis, Navy, FPO, San Francisco

Lt. Jerome T. Syverton, Navy, FPO, San Francisco

Lt. Col. Milton S. Thompson, Jr., Army, APO 887, N. Y. C.
 Col. Howard W. K. Zellhoefer, Army, APO 887, N. Y. C.

1932

Capt. Nathaniel E. Beaver, Army, 2634 Searcy Dr., Dallas 2, Tex.
 Capt. Edward Budnitz, Army, APO 887, N. Y. C.
 Lt. Comdr. S. Milton Dupertuis, Navy, U. S. Naval Hosp., Philadelphia
 Lt. Herbert G. Finn, Navy, FPO, San Francisco
 Major Arthur A. Holbrook, Army, APO 72, San Francisco
 Lt. Comdr. William L. Holt, Jr., Navy, U. S. Naval Hosp., Sampson, N. Y.
 Major Robert E. Jennings, Army, AAF Reg. Hosp., Kessler Field, Biloxi, Miss.
 Capt. Walter S. Jones, Army, APO 689, N. Y. C.
 Capt. Robert A. MacCready, Army, Sta. Hosp., Jefferson Barracks 23, Mo.
 Capt. Daniel M. McMartin, Army, APO 424, N. Y. C.
 Capt. Jesse S. Parker, Army, APO 887, N. Y. C.
 Major Robert L. Patterson, Jr., Army, APO 350, N. Y. C.
 Lt. Comdr. Alden W. Squires, Navy, U. S. Naval Hosp., Astoria, Ore.
 Major Edward K. Stimpson, Army, APO 634, N. Y. C.
 Capt. Arthur A. Yengling, Army, Sta. Hosp., AAF, Herington, Kans.

1933

Major Hugh M. Crumay, Army, APO 929, San Francisco
 Capt. John A. Degen, Jr., Army, APO 658, N. Y. C.
 Lt. John J. D'Urso, Navy, U. S. Naval Air Sta., Alameda, Calif.
 Major John R. Earl, Army, APO 464, N. Y. C.
 *Lt. Samuel Gale, Army, Sta. Hosp., Camp Van Dorn, Miss.
 Capt. Jared Y. Garber, Army, APO 257, N. Y. C.
 Major Ralph L. Hawkins, Army, Bushnell Gen. Hosp., Brigham City, Utah
 Lt. Leonard W. Hill, Navy, FPO, N. Y. C.
 Lt. Howard C. Jackson, Navy, U. S. Naval Hosp., Bainbridge, Md.
 Lt. Ralph W. Mather, Navy, U.S.N.C. Hosp., Banning, Calif.
 Major Christopher G. Parnall, Jr., Army, APO 667, N. Y. C.
 Major William R. Pitts, Army, APO 464, N.Y.C.
 Lt. Col. Thomas B. Quigley, Army, APO 314, N. Y. C.
 Major Walter A. Reiling, Army, APO 513, N. Y. C.

Major Hall Seely, Army, AAF Reg. Hosp., Scott Field, Ill.
 Major Franklin J. Underwood, Army, APO 419, N. Y. C.
 Lt. John L. Ward, Navy, Dist. Med. Of., Great Lakes, Ill.
 Capt. Robert O. Wilson, Army, —Field Hosp., Ft. Ord, Calif.

1934

Lt. Paul B. Cassaday, Navy, Navy 140, FPO, San Francisco
 Lt. Comdr. Richard C. Durant, Navy, FPO, N. Y. C.
 Capt. David Freedman, Army, APO 229, N.Y.C.
 Major John R. Graham, Army, APO 226, N.Y.C.
 Capt. Daniel B. Hardenbergh, Jr., Army, APO 244, San Francisco
 Major Aloysius P. Harney, Army, APO 314, N. Y. C.
 Lt. Frederick B. Hartman, Navy, FPO, San Francisco
 Col. William R. Lovelace, Army, Aero Med. Lab., Dayton, Ohio
 Major Howard I. Suby, Army, APO 350, N.Y.C.
 Major Thomas A. Warthin, Army, APO 710, San Francisco
 Major Richard G. Whiting, Army, APO 298, N. Y. C.

1935

Major James B. Campbell, Army, APO 70, San Francisco
 Capt. Robert Dutton, Army, APO 72, San Francisco
 Lt. Col. Henry McC. Greenleaf, Army, APO 76, N. Y. C.
 Lt. Oliver S. Hayward, Navy, FPO, N. Y. C.
 Major John W. Henderson, Jr., Army, APO 230, N. Y. C.
 Lt. Wayne Hobbs, Navy, FPO, San Francisco
 Lt. Joseph A. Holmes, Navy, Training Center, Camp Pendleton, Calif.
 Capt. Ralph R. Jardine, Army, APO 403, N.Y.C.
 Lt. Col. Stanley Kimball, Army, APO 350, N. Y. C.
 Major Charles D. May, Army, APO 350, N.Y.C.
 Lt. John W. Norcross, Navy, FPO, San Francisco
 Major Cornelius Olcott, Jr., Army, APO 17604, N. Y. C.
 Major Horace B. Pease, Army, APO 72, San Francisco
 Lt. Thurlow H. Pelton, Navy, RFD #1, Rising Sun, Md.
 Lt. Warren M. Poland, Navy, FPO, San Francisco
 Lt. Louis C. Posey, Navy, U. S. Naval Hosp., New Orleans, La.
 Lt. Col. Benjamin S. Read, Jr., Army, APO 464, N. Y. C.

Capt. Warren I. Reinhardt, Army, APO 63, N. Y. C.
 Lt. Col. John C. Snyder, Army, Rockefeller Foundation, N. Y. C.
 Major Oscar S. Staples, Jr., Army, APO 758, N. Y. C.
 Lt. Harmon J. Truax, Navy, U. S. Naval Hosp., Corona, Calif.
 Lt. Charles A. Wheeler, Army, APO 17604, N. Y. C.

1936

Major Otto S. Baum, Army, APO 517, N. Y. C.
 Major Theodore B. Bayles, Army, APO 565, San Francisco
 Major Espey F. Cannon, Army, APO 493, N. Y. C.
 Capt. David Ennis, Army, APO 350, N. Y. C.
 Capt. Donald R. Hayes, Army, APO 513, N.Y.C.
 Lt. Charles B. Hinds, Jr., Army, ASF Reg. Hosp., Ft. Benning, Ga.
 Capt. Richard G. Hodges, Army, 1214 S. Co-ville Ave., Sioux Falls, S. D.
 Major Stanley O. Hoerr, Army, APO 350, N. Y. C.
 Capt. Stanley G. Humphrey, Army, APO 350, N. Y. C.
 Capt. Karl W. Keller, Army, APO 314, N. Y. C.
 Major Charles E. MacMahon, Army, APO 629, N. Y. C.
 Capt. John C. McGirr, Army, APO 655, N.Y.C.
 Major John D. Moorman, Army, Army Med. Center, Washington, D. C.
 Capt. Richard U. Peterson, Army, APO 562, N. Y. C.
 Capt. Charles A. Renick, Army, APO 339, N. Y. C.
 Major Robert L. Richards, Army, APO 512, N. Y. C.
 Major Marshall deG. Ruffin, Army, AAF Reg. & Conval. Hosp., Coral Gables, Fla.
 Major Randolph T. Shields, Jr., Army, Fitz-simons Gen. Hosp., Denver, Colo.

1937

Lt. Col. John A. Booth, Army, APO 528, N.Y.C.
 Lt. Comdr. Mark A. Foster, Navy, FPO, N.Y.C.
 Major Luke Gillespie, Army, APO 926, San Francisco
 Major Robert E. Grandfield, Army, APO 871, N. Y. C.
 *Lt. John S. Hatch, Navy, FPO, San Francisco
 Capt. Murray S. Howland, Jr., Army, APO 377, N. Y. C.
 Major Joseph W. Johnson, Jr., Army, APO 378, N. Y. C.
 Capt. Frederick J. Lesemann, Jr., Army, APO 514-B, N. Y. C.
 Capt. John S. Lyle, Army, Hitchcock Hosp., Hanover, N. H.

Capt. Robert W. Meyer, Army, APO 562, N.Y.C.
 Lt. Comdr. Ralph C. Parker, Jr., Navy, Bur. of Med. & Surg., Washington, D. C.
 Major Douglas H. Stone, Army, APO 403, N. Y. C.
 Lt. Stafford M. Wheeler, Navy, Naval Medical Sch., Bethesda, Md.
 Capt. McChord Williams, Army, Walter Reed Gen. Hosp., Washington, D. C.
 Lt. Lynwood D. Zinn, Navy, FPO, San Francisco

1938

Capt. Gardner G. Bassett, Army, Sta. Hosp., AAF, Kearney, Nebr.
 *Lt. Lloyd Brown, Army, McClosky Gen. Hosp., Temple, Tex.
 Major Charles B. Burbank, Army, APO 339, N. Y. C.
 Capt. Richard S. Cosby, Army, Reg. Hosp., Ft. Jay, Governor's Island, N. Y.
 Capt. Duncan H. C. Ferguson, Jr., Army, Reg. Hosp., Waltham, Mass.
 Capt. Donald B. Fletcher, Army, APO 72, San Francisco
 Capt. Bernard C. Glueck, Jr., Army, APO 634, N. Y. C.
 Lt. Comdr. Charles S. Hascall, Jr., Navy, FPO, San Francisco
 Capt. Charles W. Hayden, Army, APO 689, N. Y. C.
 *Lt. (j.g.) John M. Hill, Navy, Persn. Dept. Ships Co., San Bruno, Calif.
 Lt. Robert S. Hurlbut, Navy, FPO, San Francisco
 Capt. Edwin N. Irons, Army, APO 713, San Francisco
 Major John J. Kneisel, Army, APO 468, San Francisco
 Major Frederic D. Lake, Army, APO 777, N.Y.C.
 Major Sedgwick Mead, Army, APO 764, N.Y.C.
 Major Ernest B. Oliver, Army, APO 210, N.Y.C.
 Capt. Charles A. Robinson, Army, APO 629, N. Y. C.
 Capt. William R. Schumann, Jr., Army, APO 339, N. Y. C.
 *Lt. Robert S. Thomson, Army, Veterans Hosp., W. Roxbury, Mass.
 *Lt. Thomas E. Turner, Army, Personnel Center, Ft. McPherson, Ga.

1939

Capt. Lemuel Bowden, Jr., Army, AAF Base Unit, Lake Charles, La.
 Capt. Branch Craig, Jr., Army, PO Box 1263, Joliet, Ill.
 *Lt. (j.g.) David L. Dunlap, Navy, FPO, San Francisco
 Major Edward C. Dyer, Army, APO 345, N.Y.C.
 Capt. Daniel S. Ellis, Army, APO 758, N. Y. C.

Capt. James M. Geiger, Army, APO 209, N.Y.C.
Major Miles J. O. Gullingsrud, Army, APO 562,
N. Y. C.

Capt. Paul H. Harwood, Jr., Army, AAF Conval.
Hosp., St. Petersburg, Fla.

Lt. Comdr. Edward T. Haslam, Navy, FPO,
San Francisco

Capt. William L. Hawley, Army, APO 887,
N. Y. C.

*Lt. (j.g.) Robert H. Hepburn, Navy, Naval
Disp., Sub Base, New London, Conn.

Capt. Charles G. Jennings, Army, AAF Reg.
Hosp., Kearns, Utah

Lt. Fathollah K. Mostofi, Army, Sta. Hosp., Ft.
Douglas, Utah

*Lt. Paul G. Myerson, Navy, U. S. Naval Hosp.,
San Diego, Calif.

Capt. Arthur A. Nichols, Army, APO 635,
N. Y. C.

Capt. Arthur S. Pier, Jr., Army, APO 18085,
N. Y. C.

Capt. Herbert F. R. Plass, Army, Mayo Clinic,
Rochester, Minn.

*Lt. Daniel J. Reagan, Jr., Army, Borden Gen.
Hosp., Chickasha, Okla.

Capt. John I. Reppun, Army, Logan Field, Dun-
dalk, Md.

Capt. Norman Simon, Army, AAF Stuttgart,
Ark.

Capt. Steward H. Smith, Army, Army & Navy
Gen. Hosp., Hot Springs, Ark.

Lt. Robert S. Srigley, Army, Hammond Gen.
Hosp., Modesto, Calif.

Lt. Comdr. John B. Stanbury, Navy, Naval Med.
School, Bethesda, Md.

Lt. Walter I. Tucker, Navy, Disp. Naval Air
Sta., Alameda, Calif.

Lt. Comdr. John L. Wilson, Navy, Disp. Marine
Air Sta., Alameda, Calif.

1940

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1942

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1943 (March)

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1943 (December)

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- *Lt. Joel C. Goldthwait, Army, overseas
- *Lt. Phillips Hallowell, Army, — Gen. Hosp., Ft. Lewis, Wash.
- *Lt. (j.g.) George W. Henry, Army, Induction Center, Wilkes-Barre, Pa.
- *Lt. Alfred J. Kaiser, Army, — Gen. Hosp., Camp Crowder, Mo.
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- *Passed Asst. Surg. Milton Landowne, '36, Nat'l Inst. of Health, Bethesda, Md.
- Passed Asst. Surg. Joseph E. Maurer, '43 (Mar.), FPO, San Francisco
- Asst. Surg. Albert I. Mendeloff, '42, APO 787, N. Y. C.
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- Asst. Surg. Nicholas L. Santacross, Jr., '40, 519 So. Broadway, Leavenworth, Kans.
- *Asst. Surg. Carl E. Taylor, '41, Marine Hosp., 40th St. & Penn. Ave., Pittsburgh, Pa.

ATTENTION CLASS OF 1905!

1905 to 1945! What does that mean to you? It should mean something, but in these restricted times the recognition of forty years of professional labors must be very limited. Detailed plans have not been made yet but it is probable that a reunion will consist merely of a dinner in Boston during May or June; and definite information will be sent you later. Some members live too far away to attend, a few perhaps for some other reason will be unable to come, but make the reunion if it is possible. Those that do attend will be most interested to learn about their classmates; therefore, if you know you cannot attend please sit down now and write the secretary an account of yourself, your practice, interests, hobbies or what not.

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News from the Front



The following letters with their interesting news have been received in the BULLETIN office recently:

I read with such interest of the activities of others in the October HARVARD MEDICAL ALUMNI BULLETIN that I thought I'd mention a few of my activities on this front—now Somewhere in Belgium.

I've been overseas thirteen months to date, seven of them spent in England in anticipation, and the last six (since "D plus 10") on the continent, with this Evacuation Hospital. I've been impressed with the possibilities and limitations of the sulfa drugs and penicillin, the fascinating field of neuro-vascular injuries, traumatic arterio-venous fistulas, and the many and bizarre neurological syndromes, which are as numerous as there are types of injuries. We've had a very low mortality with our series of over 250 compound femurs. We have had a distressing time with several popliteal and femoral arteries. I've been very fortunate in doing a fair amount of surgery, and at the present am enjoying intensely being first assistant to an excellent man on a neuro-surgical team.

Thank you for the BULLETIN again, which I enjoy greatly and read from cover to cover—including the ads!

(Capt.) ERNEST SACHS, JR., '42.

* * *

This is to notify you that I received the October BULLETIN today and enjoyed reading it very much.

At present I am on a tiny speck of land somewhere in the Pacific. It is very warm here, but occasionally we have ice for our drinks. I am reasonably happy, although medically stagnating, taking care of a bunch of men who make up a squadron of PT boats.

(Lt. j.g.) PAUL H. PFEIFFER, '43 (Mar.)

* * *

On September 4, 1941, I reported for active duty at the Army Air Field at Boise, Idaho, where I worked in the Flight Surgeon's Office until January, 1942, when I was ordered to the School of Aviation Medicine, returning to Boise as the Station Flight Surgeon in April, 1942. In November, 1942, I was made the Station Physical Examining Officer at Fort George Wright, Spokane, Wash. In February, 1943, I was moved into the Second Air Force Headquarters as Assistant Surgeon, handling professional services. In May, 1943, this headquarters moved to Colorado Springs, Colo., where I was made Attending Surgeon for the headquarters in addition to my other duties. In October, 1943, I was assigned as Surgeon to the 72nd Fighter Wing at Colorado Springs. In February, 1944, I sustained some myocardial damage while flying and, after a long hospitalization, I reverted to inactive status on December 10, 1944. I was promoted to Captain in February, 1942, and Major in April, 1943. I was rated as Flight Surgeon in April, 1943, and my Army specialty on retirement was "Air Force Staff Surgeon."

Shortly before I went on active duty I was married to Lydia Mae Rhoades of Bethel, Vermont, and we have one daughter born on September 11, 1942, in Idaho.

In addition to my work as instructor and Secretary at the Dartmouth Medical School, I have an administrative assignment in the Dartmouth College Health Service, where I worked for three years prior to going on active duty. This will allow me to continue working with the health problem as it relates to the individual and certain of the quasi-psychiatric problems of young people, which is of course, a large part of the contribution of the Flight Surgeon.

ARTHUR E. MACNEILL, '37.

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JOHN FALLON '23—POET

FREDERIC T. LEWIS, '01

Recently Mrs. Mary Lou McDonough has compiled an "anthology of medical poetry written by physicians." Under the title "Poet Physicians," it has now been published by C. C. Thomas (Springfield, Ill., 1945. p. xiv, 212. \$5.00). From a concluding index of 407 candidates—Ackermann to Zinsser—she has chosen 110 poets for biographical notice, with selected citations in verse. Of the work as a whole, the comment of that famous Danish anatomist, Thomas Bartholin, in his dissertation "On Poet Physicians" (1669), is quite apropos:

Sunt bona, sunt quaedam mediocria, sunt
 mala plura

Quae legis: hic aliter non sit, amice, liber.

Bartholin wrote many quaint metrical couplets and "Carmina," but none find favor with Mrs. McDonough, not even "On the skeleton of the dog in which lymphatic vessels were first detected." The "Poésies" of the great Haller, that "abyss of learning," are not sampled; but with so many from whom to select to place beside Schiller and Keats, from Wang Wei (699-759) to Merrill Moore, it is not the absentees who deserve comment. What place has been awarded to Harvard Medical Alumni in this interesting selection?

First, through an error, Dr. Benjamin Church is said to have graduated from the Harvard Medical School in 1754. That was his year of graduation from Harvard College, twenty-nine years before the Medical School was founded. Consequently we can have no claims upon his lines in extravagant praise of Boerhaave.

Walter Channing, A.B. (Harv.) 1808; M.D. (Penn.) '09, and credited with the same degree by Harvard, '12, was Dean of the Medical School for many years, but hardly an alumnus. From his several volumes of verse, the selection "To Napoleon in Exile" is a tribute to that conqueror.

Samuel Bartlett Parris, M.D. '25 (Harvard, though Mrs. McDonough credits his degree to the "Boston Medical Institution"), described in rhyme "the sick man's bedside," shortly before his early death from typhus, two years after graduation.

Oliver Wendell Holmes, '36, wrote on a similar theme—"The Morning Visit":

Don't clutch his carpus in your icy fist,
 But warm your fingers ere you take the
 wrist . . .

"The Chambered Nautilus," also presented, is in a different mood.

Augustus Peck Clarke, '62, was evidently more notable in practice. George Lincoln Walton, '80, in "Erasistratus Forbear," reveals his interest in Egyptian lore; and William Sydney Thayer, '89, writes eloquently of "Osler" and "Old Dogs."

The only Harvard Medical Alumnus now in active practice and placed by Mrs. McDonough among the poets, is John Fallon, '23, D.Sc. (Holy Cross) '42, director and surgeon of the Fallon Clinic, Worcester. There are two poems of his in this collection, of such interest that the Editors have obtained the necessary copyright permission for their publication here in full.

INSCRIPTION FOR AN OLD WELL

There was the privy, there the porkers' pen.
 Here was the well, and through this mossy head
 Uprose the bucket, stately, oaken, red
 To slake the hearty thirsts of lusty men.
 Hard-boiled, our sires. Their water should have
 been.

DISSECTING ROOM

When these were carried down the road no
 friends went on ahead

To open earth;
 There was no little cross upon the grave;
 There was no grave.
 These are unwanted dead.

Here are the madman and the knave,
 The infected harlot, killer, wastrel, sot,
 The worthless of the world, raked from its
 midden
 To be dismembered in this air of formalin and
 rot.

I like to think theirs is a privilege, and bidden
 As some return for gentleness forgot or kindness
 hidden.

For here these worthless find at last a worth
 And give their studied flesh to lighten death
 and life and birth.

Book Review

ATLAS OF THE BLOOD IN CHILDREN. By Kenneth D. Blackfan, M.D., Late Thomas Morgan Rotch Professor of Pediatrics, Harvard Medical School; Late Physician-in-Chief, Infants' and Children's Hospitals, Boston; Louis K. Diamond, M.D., Assistant Professor of Pediatrics, Harvard Medical School; Visiting Physician and Hematologist, Infants' and Children's Hospital, Boston; with illustrations by C. Merrill Leister, M.D., Associate Pediatrician, St. Luke's Hospital, Bethlehem, and Allentown General Hospital, Allentown, Pennsylvania. The Commonwealth Fund, New York, 1944. Price \$12.00.

The difference between green and seasoned knowledge is very great and this book is a product of seasoned knowledge. The importance of the care of the patient not only by the specific remedy for his disease but also by the numerous adjuncts which "will permit the patient to enjoy the greatest degree of comfort and happiness throughout his illness" is emphasized by Dr. Blackfan in a short prologue.

Dr. Blackfan was a master pediatrician and an unusually able diagnostician who became deeply interested in disorders of the blood soon after reaching Boston in June, 1923. Early he became interested in the anemias associated with prematurity. He decided to study the blood in a systematic way and did so for about two years when he began to search for a young man to help him. He soon found Dr. Diamond, then a medical student, with whom he investigated disorders of the blood until his untimely death, November 29, 1941. This atlas was very close to Dr. Blackfan's heart and the night before he went to the hospital to undergo a surgical operation he worked for many hours upon it and said, "No matter what happens I have my atlas finished enough to be published."

Dr. Diamond received his M.D. degree in 1927. Before he served as house officer at the Children's Hospital he worked for somewhat more than a year in the blood laboratory of that hospital. During that time he went to New York for about four months where he studied under Dr. Florence Sabin at the Rockefeller Institute and under Dr. Nathan Rosenthal. He rapidly made scholarly progress and contributed significantly to knowledge of the blood in children. He continues his studies alone and has done much to complete this atlas.

There is no finer Atlas of the Blood than the one produced by these men. Although it concerns particularly the blood in children its use-

fulness is not limited to practitioners of pediatrics, because essentially the same conditions appear in adults as in children though the cells may occur in different proportions and have varying significance. It is not a textbook in the ordinary sense of the word. One may learn much more about the blood from good plates than can be written.

While still a medical student Dr. C. Merrill Leister began to make the beautiful drawings. The 70 plates in the atlas are excellently reproduced in 8 colors by the photolithographic process. The cells are drawn chiefly at high magnifications, 1,500 and over, for two-thirds of the plates. This permits the finer details to be readily visible. The nuclear structure of the cells in some of the pictures, such as Plate 4, suggests that disintegration of the stain in the nucleus had occurred. The color of the eosinophiles in Plate 3 is too brown. There are perhaps other small details that might be criticized, but these are of no consequence compared to the general superiority of the book.

On the pages opposite each one of the 70 plates is a key to the identification of the cells together with other notes. As stated in a prospectus of the book, the first half of the volume gives "brief but complete descriptions and discussions of various disease entities." The causes and symptoms are given and the variations in the blood are noted. Treatment is indicated. Illustrative case histories crystallize the descriptive material; for example, on page 127, "the arthralgic or rheumatoid type of leukemia" which is seen particularly in young persons is well outlined.

One may question the use of certain terms as "macrocytic hyperchromic anemia"; indeed because a cell is large it does not mean that it is any redder. This term is, however, often used by other authorities. Some individuals may describe megaloblasts differently from the way it is done in this book but the method the authors employ is well recognized.

There is essentially no blood disorder in adults that is not seen in children except Addisonian pernicious anemia and polycythemia vera. If the book should some day be revised so as to include all disorders of the blood, one would expect these conditions to be included. Under such circumstances a few rarer conditions that are seen in children and in adults might be added. The plates do not illustrate parasites in the blood such as those of malaria and these also might be included in a complete blood atlas.

The Atlas is offered at a moderate price, \$12.00 a copy, only because it has been heavily subsidized by the Commonwealth Fund. It contributes much to the interest in hematology and is highly recommended as an authoritative source of practical hematologic information.

GEORGE R. MINOT, '12.

